

Name  
in  
Full

George W. Bozel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

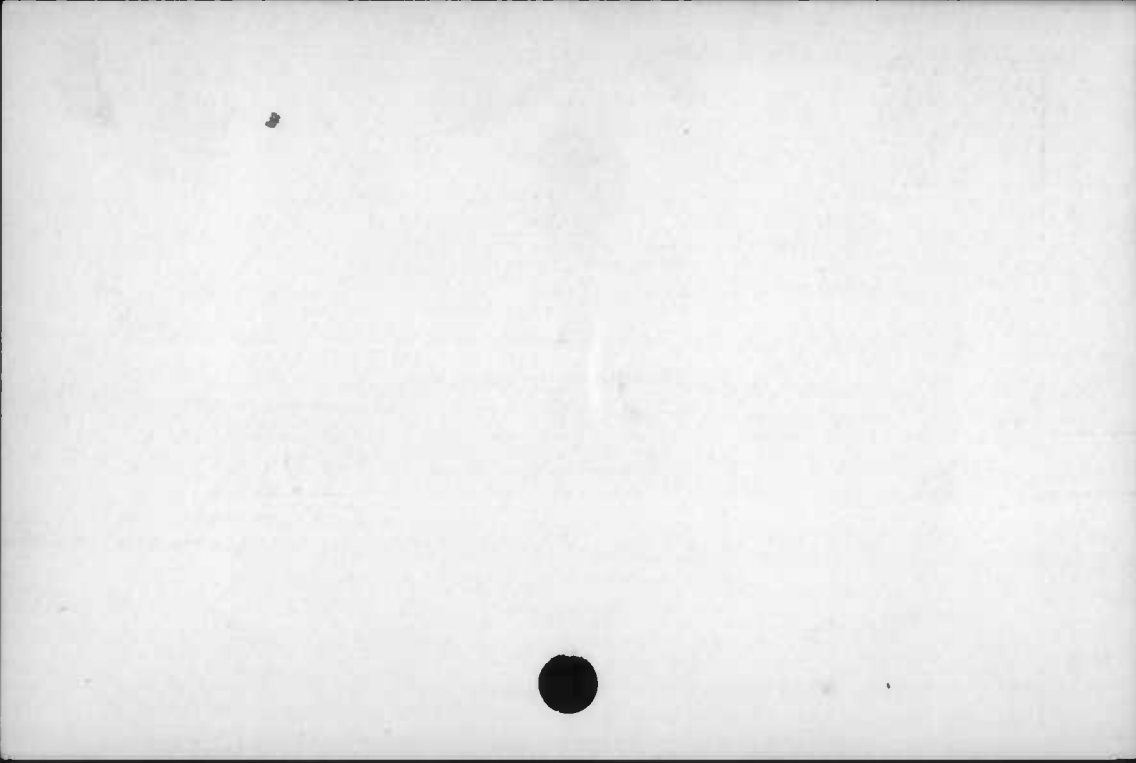
Died at		Town Oakland		County Garrett		MARYLAND	
Date of death		Month 9 Sep	Day 1	Age 30	Months		Days
Sex Male		Color or Race White		Birth-place Does not know			
Occupation Proof-reader		Where Residing if not at place of death Baltimore Md					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Christian Bozel		Father's Birthplace Does not know					
Mother's Maiden Name Does not know		Mother's Birthplace Does not know					
Name of person giving information		How related to deceased ✓					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Phthisis Pulmonalis		How long 7 years
Immediate Septic & Exhaustion		How long Does not know
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. E. [Signature]
		Address Oakland Md
Accident or Suicide?		



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Dessie Davis

## CERTIFICATE OF DEATH

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NEAREST FRIEND

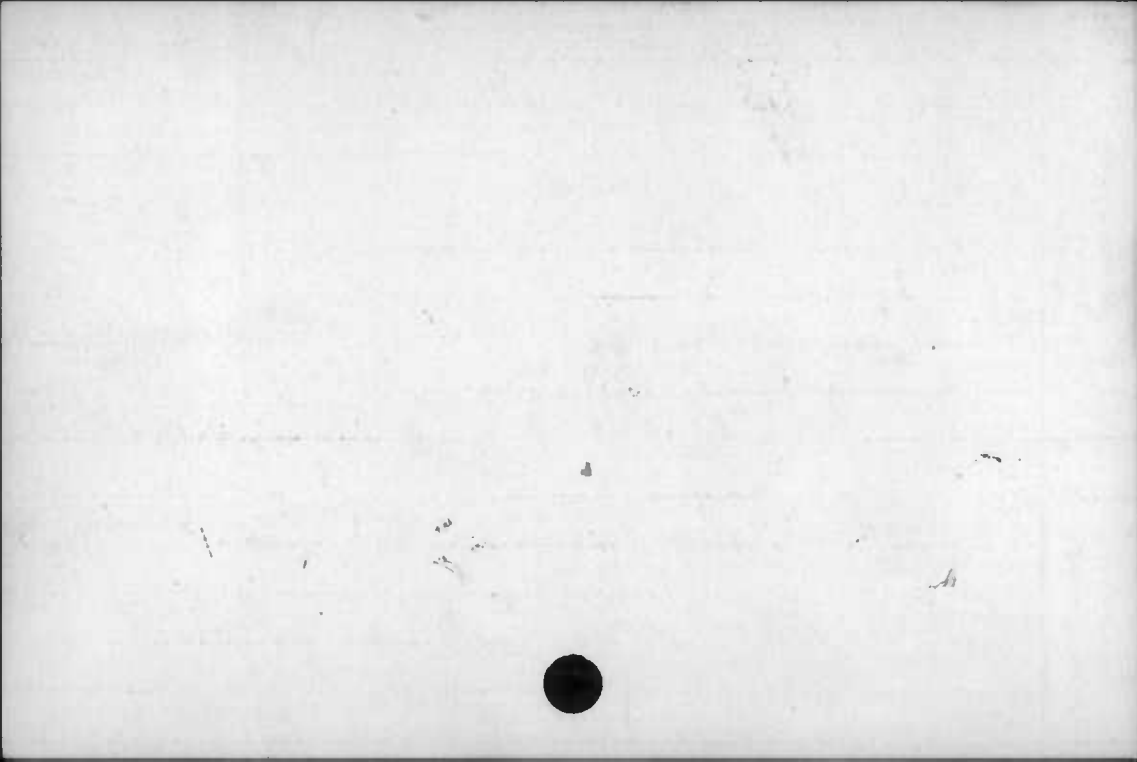
Died at <u>Dodson</u> <sup>Town</sup>		<u>Barrett</u> <sup>County</sup>		MARYLAND	
Date of death <u>1909</u>	<u>Sept</u> <sup>Month</sup>	<u>21</u> <sup>Day</sup>	Age <u>      </u> <sup>Years</sup>	<u>1</u> <sup>Months</sup>	<u>21</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Dodson Md</u>			
Occupation <u>      </u>			Where Residing if not at place of death <u>      </u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>      </u>			
Father's Name <u>Ben Davis</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Elice</u>		Mother's Birthplace <u>      </u>			
Name of person giving information <u>Ben Davis</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

(151)

PHYSICIAN  
OR CORONER

Primary	<u>Marasmus</u>	How long <u>one month</u>
Immediate		How long <u>      </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Hugh Stuber</u>
		Address <u>Blaine Md</u>
Accident or Suicide? <u>      </u>		



Name  
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CERTIFICATE OF DEATH

*Andrew J. Glover*

Town

County

MARYLAND

Died at *Friendsville*

*Garrett*

Date

of death 1909 Sep

Day

1

Age

Years

79

Months

4

Days

4

Sex

*male*

Color or Race

*White*

Birth-place

*W. Va*

Occupation

*Farmer*

Where Residing if not at place of death

Married, Single or Widowed

*Widower*

Name of Wife or Husband

Father's Name

*Richard Glover*

Father's Birthplace

*Dont no*

Mother's Maiden Name

*Salley Street*

Mother's Birthplace

*..*

Name of person giving Information

*Elisha Beats*

How related to deceased

*no relation*

CAUSES OF DEATH

27

Primary

*Disease of lungs*

How long

*Several years*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*Wm. H. Friend. Local Surgeon*  
*Friendsville Md*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Friend cemetery

Name  
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Full

George K. Root.

## CERTIFICATE OF DEATH

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NEAREST FRIEND

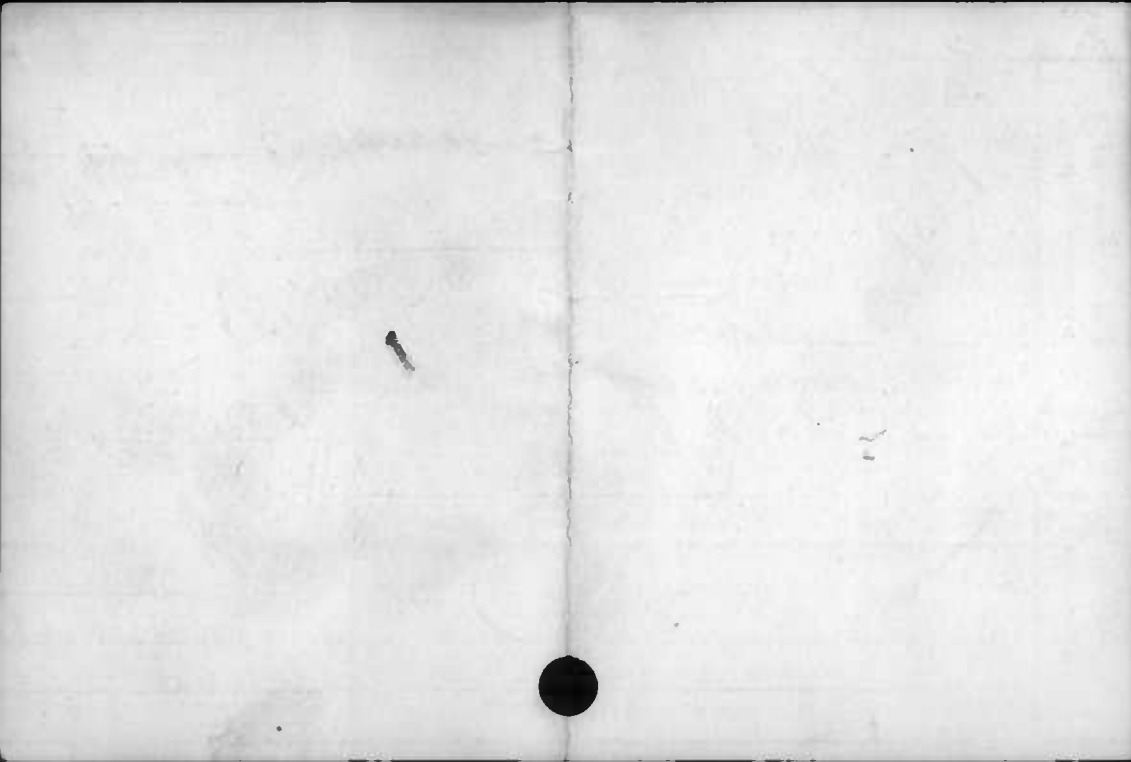
Died <del>at</del> near <u>Harmer</u>		County <u>Garrett</u>		MARYLAND	
Date of death	1909	Month	Sept	Day	6
Age	87	Years		Months	2
Sex	Male	Color or Race	White	Birthplace	Lewis Co N.Y.
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Emily Miller Root		
Father's Name	Edmond Root		Father's Birthplace	Mass.	
Mother's Maiden Name	Eva Rinschart		Mother's Birthplace	Ind.	
Name of person giving information	Laura E. Harmer		How related to deceased	Daughter	

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<u>Acidility</u>	How long	—
Immediate	<u>Heart Failure</u>	How long	<u>Sudden</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Amos A. Schen</u>
		Address	<u>Eglon</u>
Accident or Suicide?	<u>No</u>		<u>Mr.</u>





Name  
in  
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CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Daley Tasker*  
Town County  
Died at *near New Park* *Garrett* MARYLAND  
Date of death 1909 Sept 18 Age *18*  
Sex *Male* Color or Race *White* Birth-place ☒  
Occupation *✓* Where Residing if not at place of death *—*  
Married Single or Widowed *—* Name of Wife or Husband *—*  
Father's Name *John Tasker* Father's Birthplace *Ind*  
Mother's Maiden Name *Victoria Parry* Mother's Birthplace *Ind*  
Name of person giving Information *Allen Parry* How related to deceased *Niece*

CAUSES OF DEATH

Primary *Still born*  
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address



*J. H. Legge*  
*Oakland, Md.*

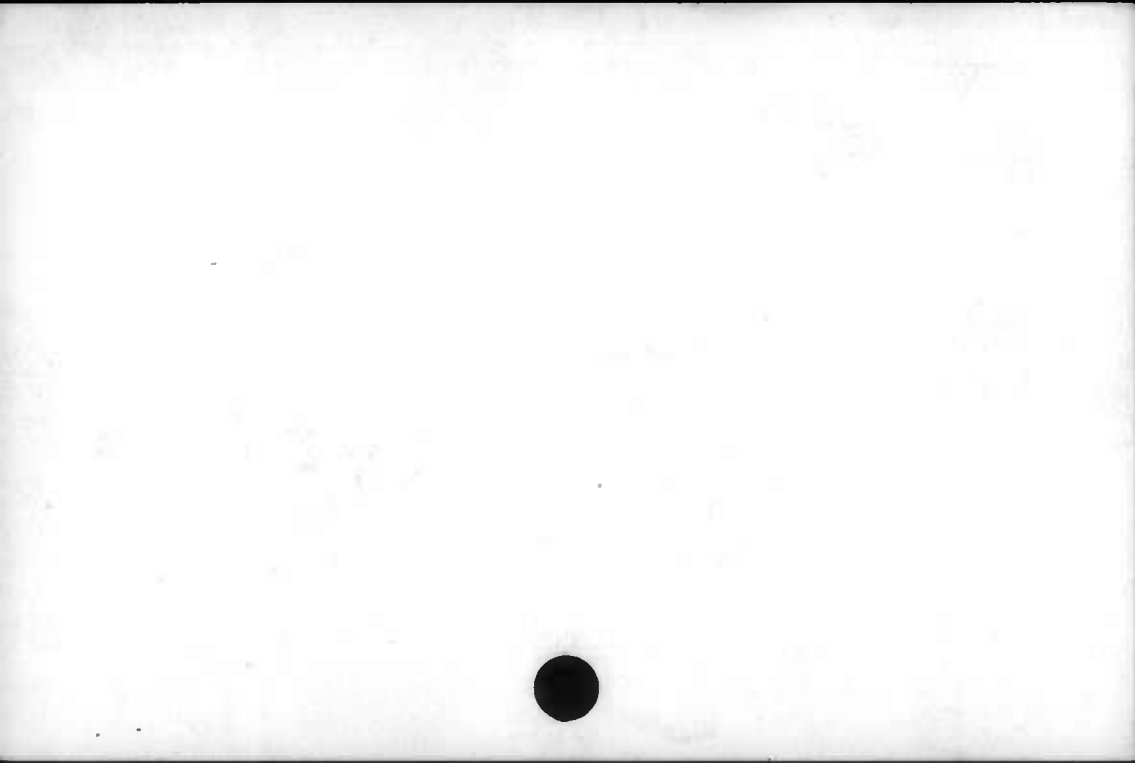
Accident or Suicide *—*



How long

How long

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDJohn Alfred Thompson  
Town County

Died at Mt. Lake Park Garrett

MARYLAND

Date of death 1909 Sept- 23 Age 37  
Month Day Years Months Days

Sex Male Color or Race White Birth-place Frederick City

Occupation B &amp; O Auditor Where Residing if not at place of death Baltimore

Married, Single or Widowed Married Name of Wife or Husband Mrs. Marnie C. Thompson

Father's Name Sam. J. Thompson Father's Birthplace Frederick County

Mother's Maiden Name Annie S. Ritter Mother's Birthplace Frederick City

Name of person giving Information S. J. Thompson How related to deceased Father

## CAUSES OF DEATH

Primary Enteric Fever How long 3 weeks

Immediate Intestinal Hemorrhage How long 4 days

Are the name, age, sex, color, date and place correctly given above? yes

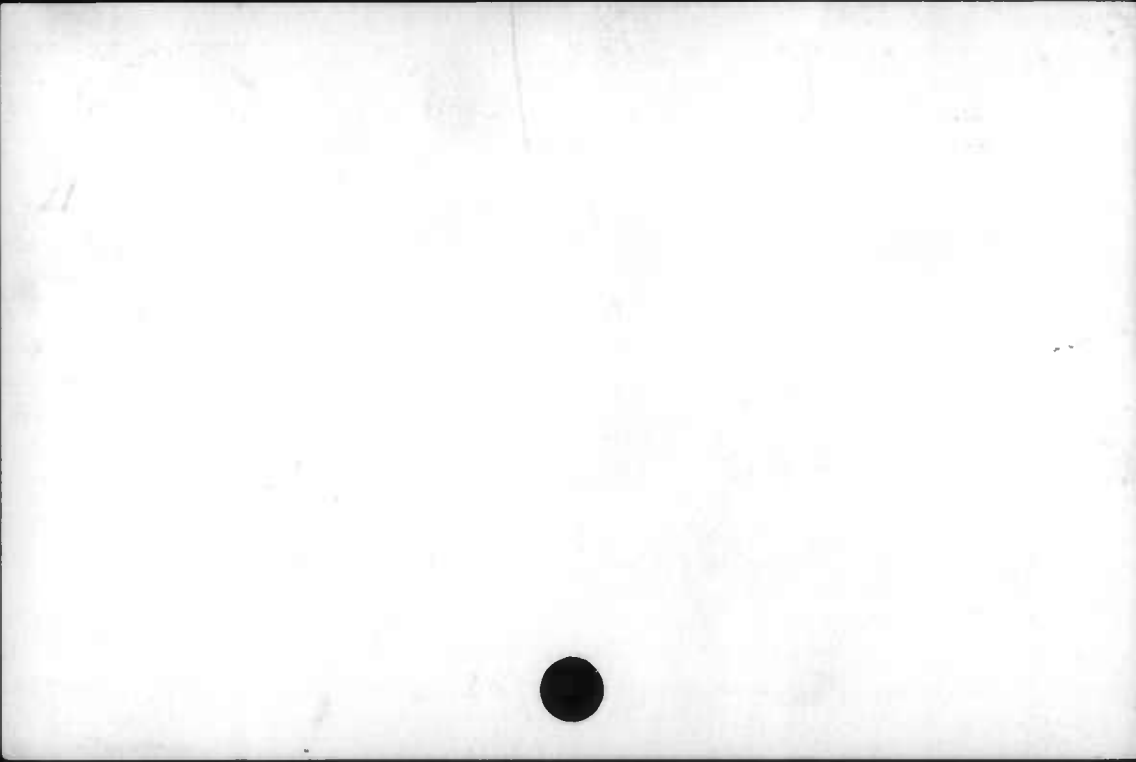
Signature of Physician

Address

H. W. McCormack  
Oakland Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Grantville</i> <sup>Town</sup>		<i>Garrett</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Sept.	Day	11.
Age	76	Years		Months	1
Sex	Male	Color or Race	White	Birth-place	Bremen Germany
Occupation	Farmer		Where Residing if not at place of death <i>Grantville Md</i>		
Married, Single or Widowed	Widowed		Name of Wife or Husband <i>Sarah</i>		
Father's Name	<i>Wendell Yost</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Christina Yost</i>			Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>Mary Baker</i>			How related to deceased	<i>daughter</i>

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Arterio Sclerosis</i>	How long	<i>Years</i>
Immediate	<i>Heart failure (due to Acute Indigestion)</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. C. Bowen M.D.</i>
		Address	<i>Grantville Md</i>
Accident or Suicide?	<i>No.</i>		

